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THE PRIVATE NURSE AND TWENTY-FOUR HOUR HOSPITAL DUTY¹

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I represent a hospital that does not allow twenty-four hour duty within its walls, that has not allowed it in the fifteen years of my administration, or in the five years that preceded mine. Last week a gentleman of my acquaintance in politics showed me a booklet, on the cover of which was printed: "Reasons why so-and-so should be elected." The booklet proved to be a series of blank pages, the only printing being "Reasons why" on the front cover and the answer on the back cover, "There aren't any." That is my position on the question of twenty-four hour duty in hospitals. There are no reasons for it. I contend that the practice is bad for the patient, bad for the morale of the hospital, bad for the nurse.

A patient desperately ill in a private room may need two special nurses, as would a like condition in the public wards, and should have them, must have them, regardless of cost. But when that same patient, unable to pay two specials, gets better or requires less attention, it is for the patient's interest to retain a day special and accept the services of the hall nurse for the night. A nurse on twenty-four hour duty must necessarily sleep at night in the patient's room; she is awakened at intervals, for what? To give a bed pan, to rub a back, to open or close a window, to pull up or pull down a blanket, to fill a water bottle or ice bag, to get cold water or hot broth, any one of which offices could be perfectly well performed by the general night nurse; and the special day nurse, refreshed by sleep outside the hospital, cheerfully resumes her round of duties the next morning, gives the bath, makes the bed, serves the meals, does the dressing, gets the patient out of doors, arranges flowers, does errands, reads, amuses, plays games, keeps callers away or entices them in, brings something invigorating to the tasks, and the patient is better served.

In the home the sick person has right of way. Every other interest is temporarily subordinated; one member of the family gives up her room, another her couch, the bath room is commandeered, and it is permissible for the nurse to snatch a nap whenever and wherever she can, or to go

¹ Discussion of the paper written on the same subject by Anna C. Maxwell for the convention of the New York State Nurses' Association. See December JOURNAL.

about the house in a kimona. Because the home is arranged on a basis of health, sickness is an emergency, is met as such, and in the home, if anywhere, twenty-four hour duty is justified. The hospital, on the contrary, is arranged on a basis of sickness, it is the patient's business to be sick, and it is the hospital's business to care for the sick in an adequate manner. It seems to me that sleeping in a patient's room is not a good business arrangement. The air space may be limited, more effort may be required to wake a sleeping nurse than to ring for a hall nurse, the patient is disturbed if the nurse snores or breathes heavily, there is seldom a place for the nurse to bathe or dress, and the situation is further complicated if the patient is a man; furthermore, the nurse going through the corridor in her kimona on the way to the ward kitchen at night is not in keeping with the dignity of the hospital.

Thirty years ago, when I was a pupil in training and the field of graduate nursing was that of private duty only, we pupils were told that ten years constitutes a nurse's working life. My own private nursing life was six years. It was a wonderful experience, full of interesting people, happy homes, California in winter, Newport in summer, and more praise and appreciation than I have experienced before or since. In six years' time I did twenty-four hour duty on all but three cases. The principal reason I was willing to make a change was on account of interrupted sleep—twenty-four hour duty. However necessary this may be in a home, I fail to find justification for it in a hospital. One of the obligations of a hospital is to train nurses to care for the sick, and to do preventive work. Fulfilment of this obligation requires good material, that is, good women for pupils, good clinical opportunities, good teaching, and time, money, patience and courage. The resulting graduate nurses are too precious, they have cost us too much, they are too much in demand, to be sacrificed to needs which can be otherwise met. The young graduate has youth and enthusiasm; we who are older see the value of these qualities in our work, in our lives, and in the lives of others. We should conserve our graduates for their highest use, and not lessen their efficiency or shorten their working lives by continued interruption of their needed rest and recreation.